

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90141 016 ****70.00

DOCUMENT # N01000003482

1. Entity Name
LIGHTHOUSE TABERNACLE OF NORTH FT.
MYERS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16251 SLATER RD.

Suite, Apt. #, etc.

Units 8+9

3. Mailing Address

1210 NB 4th TERR.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NO-Ft. MYERS FL.

City & State

CAPE CORAL FL.

4. FEI Number

65-1110295

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JAMES M. TOLLISON

Street Address (P.O. Box Number is Not Acceptable)

1210 NB. 4TH TERRACE

City

CAPE CORAL

FL

Zip Code

33909

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE: P/T/SM
NAME: JAMES M. TOLLISON
STREET ADDRESS: 1210 NB 4TH TERRACE
CITY-ST-ZIP: CAPE CORAL, FL. 33909-2153

TITLE: D
NAME: RUSSELL H. SMITH
STREET ADDRESS: 17501 WILLIAMSBURG DR.
CITY-ST-ZIP: N. FT. MYERS, FLA. 33917

TITLE: D
NAME: THOMAS DILLARD
STREET ADDRESS: 3239 KING ST.
CITY-ST-ZIP: FT. MYERS, FL 33916

TITLE: D
NAME: Jean CLAUDE Fortune
STREET ADDRESS: 9478 Westcreek Circle
CITY-ST-ZIP: N/FT Myers, FL 33903

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

JAMES M. TOLLISON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAMES M. TOLLISON 3/19/03

239-573-1797

CR2E037B (12/01)